

# P-IRO Inc.

An Independent Review Organization

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**DATE OF REVIEW:** JULY 17, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Trigger point injections

Prolotherapy trial

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

MD Board Certified in PM & R and specialized in Pain Management

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office note of, MS, CRC, LRC 03/05/07

Office note of Dr. 03/16/07

EMG report 03/16/07

Chiropractic note 03/29/07

Office note Dr. 03/29/07

Work Comp data form 04/17/07

Non-authorization notice 05/15/07, 05/23/07

Note from Dr. 04/17/07, 05/01/07, 05/18/07, 05/18/07, 05/22/07

Letter from the claimant's attorney 06/29/07

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was a gentleman who was injured when he was working as a truck driver. He opened his truck gate and was pinned against his truck by a forklift. He reported pain in the neck, mid and lower back, legs, arms ribcage and abdomen. Diagnostic tests included a CT of the chest, abdomen and pelvis showing fractures of the left eighth, ninth and tenth ribs. He also had an MRI of the left knee showing bone marrow edema, tear of the medial meniscus, joint effusion, edema of the anterior cruciate ligament and iliotibial band as reported by D.C. He was also noted to have an MRI of the lumbar spine showing bulges at L4-5 and L5-S1. An EMG was done which was normal.

He was then referred to Dr. Dr. stated in his initial note dated 04/17/07 that his worst pain was in the left knee and lower back aggravated by kneeling, squatting, twisting or bending. His physical examination noted tenderness along the supraspinous ligaments of C6-7 and C7-T1 and along the transverse processes and transverse ligaments. He also noted tenderness to palpation along the spinous processes of L4-5 and along L5-S1 in the iliolumbar ligaments bilaterally. The knee was noted to have tenderness along the left medial collateral ligament aggravated with twisting movements but no instability. On that date Dr. injected local anesthetic with proliferant along the medial collateral ligament (prolotherapy). Upon return on 05/01/07 knee pain was significantly improved and he was ambulating with much less discomfort. On 05/15/07 the claimant reported good improvement and normal ambulation. Feldene 20 mg daily was given. On 05/22/07 Dr. reported that the claimant's left knee continued to improve with pain down to a 3 to 4 from a baseline of 5 and continued to be aggravated by certain movements. On that date Dr. injected 1/4 cc of Xylocaine along the medial joint line. Dr. did not make any mention of trigger point injections in the notes that I reviewed, however, it is noted that he requested 10 to 15 trigger point injections to be done one per visit one week apart. Initial denial letters were issued.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Regarding the prolotherapy treatment the claimant appears to have a strain/contusion of the left knee. He is improving subjectively without treatment. As mentioned in the initial denial letter and in accordance with Official Disability Guidelines, there is inadequate scientifically controlled evidence of the effectiveness of prolotherapy. In addition, the claimant appears to be improving without the prolotherapy. Therefore, the denial of the prolotherapy is upheld.

Regarding trigger point injections, Dr.'s examination notes that the claimant is tender over bony and ligamentous sites such as the spinous and transverse processes and iliolumbar ligaments. Trigger point injections could be considered for myofascial pain which is localized although there is not significant evidence of efficacy. Given the fact that the claimant's clinical examination would not support his pain being of a myofascial nature, trigger point injections would not be indicated. Additionally, as supported by Official Disability Guidelines, there is insufficient data under efficacy even in the presence of true myofascial pain. Therefore, the denial of trigger point injections is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)